

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

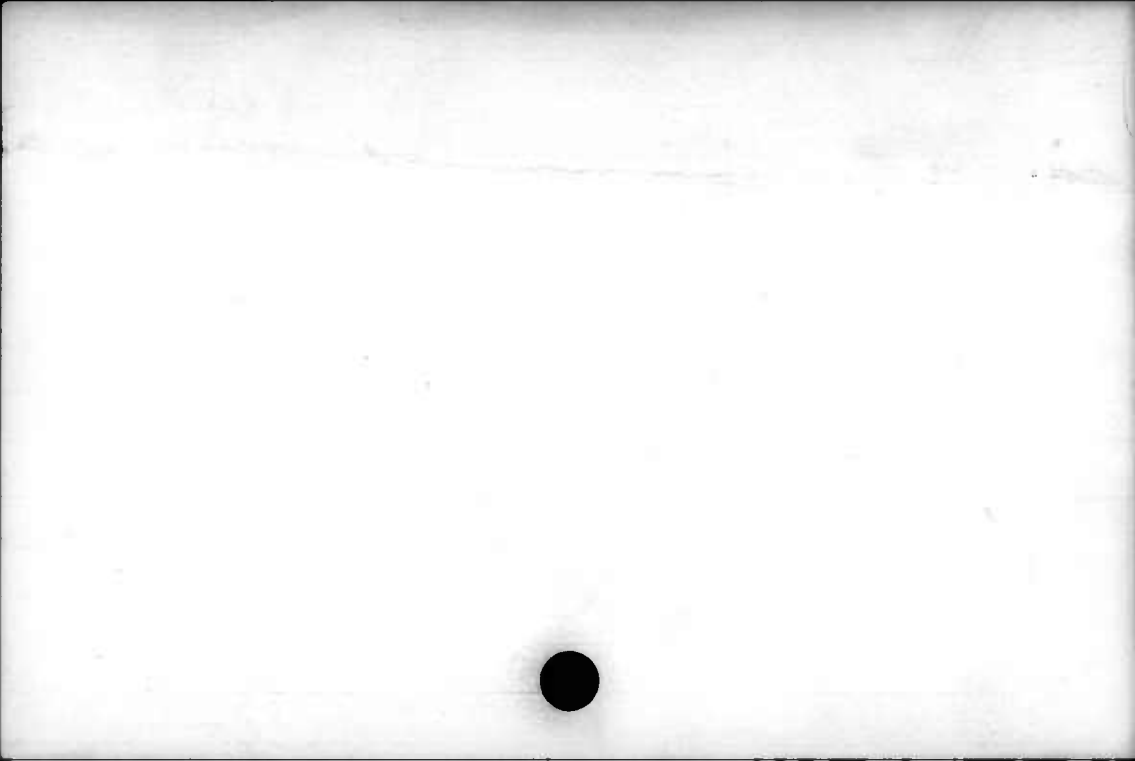
Died at <i>Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>12</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Centerville</i>				
Married, Single or Widowed			Occupation <i>laborer</i>				
Name of Wife or Husband							
Father's Name <i>Solomon</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Wm. Woodford Jr</i>				How related to deceased			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long
Immediate <i>suicide</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Gray</i>
	Address <i>Centerville Md</i>
Accident or Suicide? <i>accident</i>	



Name
in
Full

Gladis Verla Biddle

CERTIFICATE OF DEATH

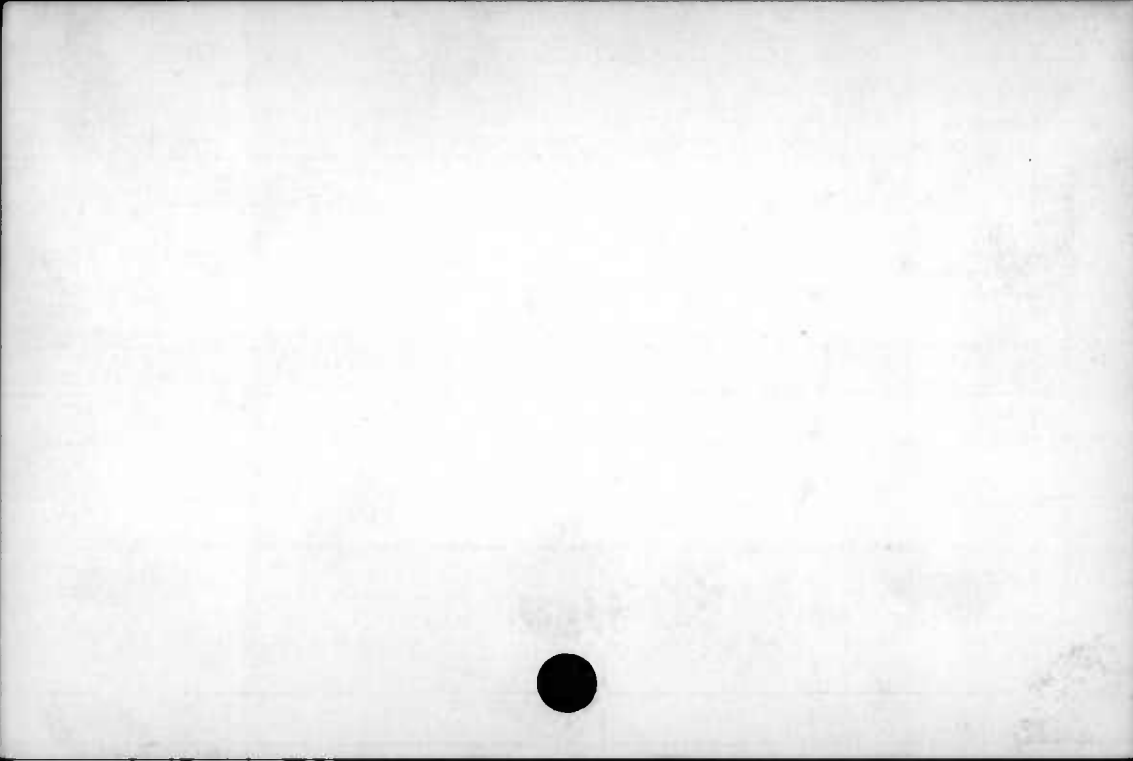
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
June		3	3	White			3
Sex	Female		Color or Race	White		Birth-place	Crownston
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Clarence A Biddle				Crownston			
Mother's Maiden Name				Mother's Birthplace			
Marguerite M Johnson				Delaware			
Name of person giving information				How related to deceased			
Clarence A Biddle				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Guitar of Stomach	How long	179
Immediate	" " "	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Bradley & Sparks undutch	
9		Address	
		Crownston	
Accident or Suicide?			



Name
in
Full

Henry Brouse

CERTIFICATE OF DEATH

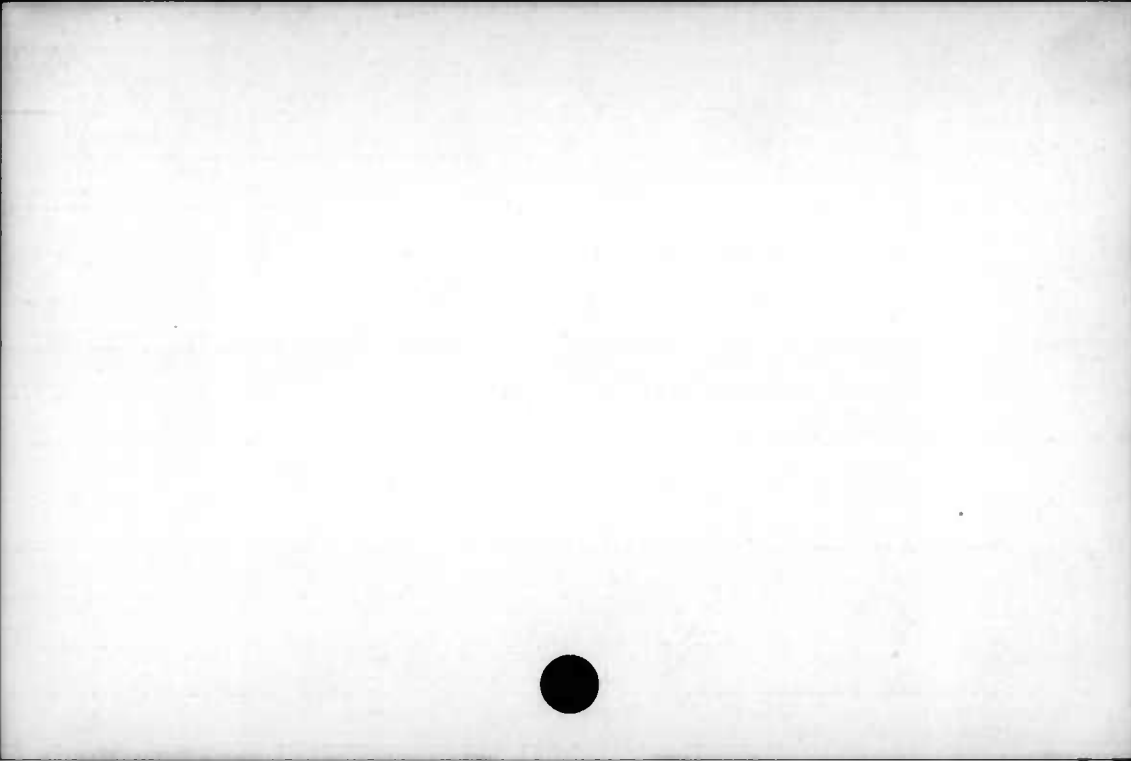
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Carmichael</i>		County <i>2 a</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>6</i>	Day <i>23</i>	Age <i>87</i>	Months <i>1</i>	Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Unknown</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Retired</i>					
Name of Wife of <i>Unknown</i> Husband							
Father's Name <i>ll ll</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>ll ll</i>				Mother's Birthplace <i>ll</i>			
Name of person giving information <i>Freda Flemmer</i>				How related to deceased <i>Nom</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>for years</i>
Immediate	<i>old age</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W C McConner</i>	
<i>Best of my knowledge</i>		Address <i>Seemtown</i>	
Accident or Suicide?		Undertaker <i>Wm</i>	



Mrs Sarah E Boyer

Town

County

Died at

Centerville

Queen Anne's

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

June 13

Age 82

Connecticut House wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widow~~

Number of children living 3

Husband of

Wife Edward Boyer

Father's Name Don't Know

Mother's

Don't Know

Maiden Name

"

"

Cause of

Primary

Paralysis

66

How long sick

2 years

Death

Immediate

Natural decay

~~Accident, Suicide, Homicide~~

Reported by

J. A. Holton M.D.

Address

Centerville

2nd Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Henry Brooks

Town

County

Died at

near Middletown Kent

MARYLAND

Date 19

18

Month

Day

6 13

Age

53 yrs

Native of

Maryland

Occupation

Male

White

Married

WidowDivorcedFemale

Colored

SingleWidow

Number of children living

4

Husband

of

Martha Brooks

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

Death

Immediate

How long sick

14 hours

Accident, Suicide, Homicide

Reported by

Dr. W. B. Jacobson

Address

Middletown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{Town}		<i>Sullivan</i> ^{County}		MARYLAND		
Date of death 190	<i>3</i> ^{Month}	<i>June</i> ^{Day}	<i>15th</i> ^{Age}	<i>5</i> ^{Years}	<i>5</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Church Hill</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i></i>			
Name of Wife or Husband <i></i>						
Father's Name <i>Samuel Butler</i>			Father's Birthplace <i>Church Hill</i>			
Mother's Maiden Name <i>Rosa Sweeney</i>			Mother's Birthplace <i>Church Hill</i>			
Name of person giving information <i>Albert Sweeney</i>			How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insipitation</i>	How long <i></i>
<i>Exhaustion</i>	How long <i></i>
Immediate <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. S. Butler MD</i>
	Address <i>Church Hill</i>
Accident or Suicide? <i>Single</i>	

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Name
in
Full

James, P. Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Seelys* Town

2 a. 60 County

Date
of death 1903Month
6Day
5

Age

Years
49Months
-Days
-

Sex

*Male*Color or
Race*Negro*Birth-
place*Piney Point*Married, Single
or Widowed*Married*

Occupation

Name of Wife
Husband*May J. Clayton*Father's
Name*Phil Clayton*Father's
Birthplace*Piney Point*Mother's
Maiden Name*Jane Smith*Mother's
Birthplace*" "*Name of person giving
Information*Widow*How related
to deceased*Widow*

CAUSES OF DEATH

Primary

La Grippe

How long

Five months

Immediate

Pulmonary Phthisis

How long

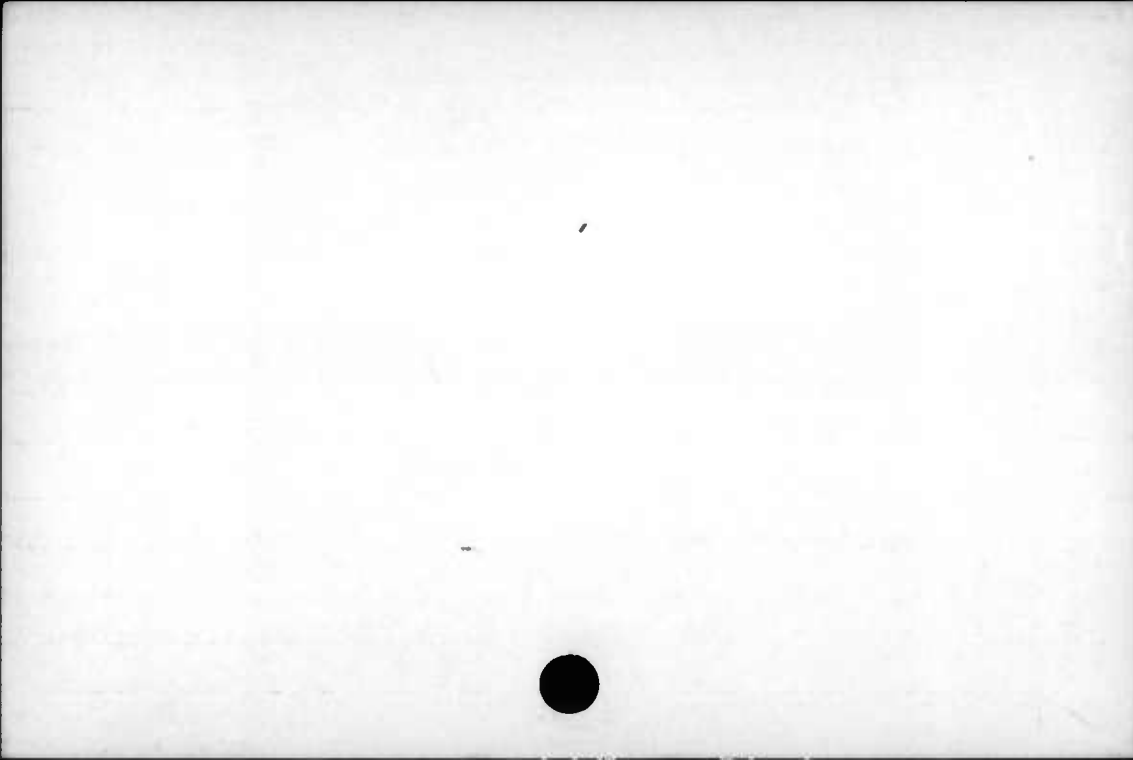
*Three months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Howard R. Hopkins*

Address

*Seelys**MD*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Starr</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>9</i>	Age <i>65</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>none</i>					
Father's Name <i>James Foster</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Elin Foster</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Daughter</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>16 days</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>16 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Crawford</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Illegitimate- Stillborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M. Ginnes</i> Town		<i>Queen Annes'</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>30</i>	Age <i>Stillborn</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Blanche Faulkner</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Eva Burris</i>			How related to deceased <i>not related</i>		

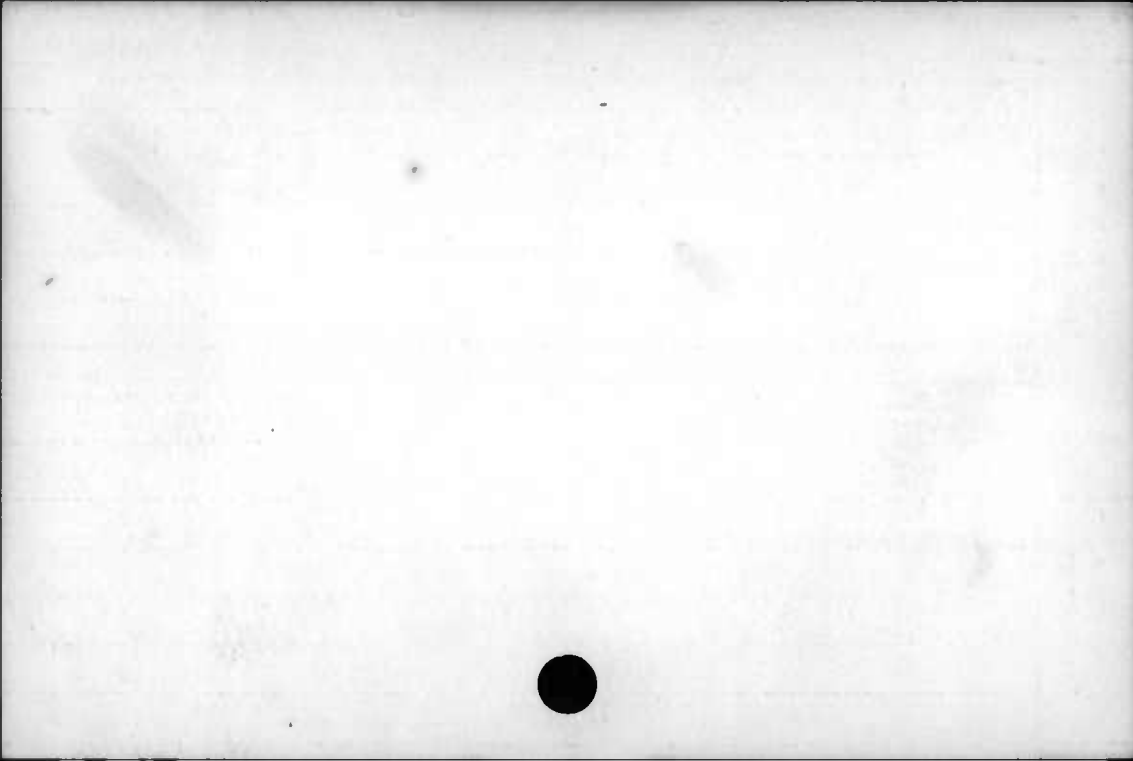
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	How long _____
Immediate <i>"</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Eva Burris, Midwife</i>
	Address <i>RR #2 Millington Md.</i>
Accident or Suicide?	



Name in Full		Margaret Marie Friel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Queensstown</i>		County <i>Queensdown</i>		MARYLAND		
	Date of death 1903	Month <i>June</i>	Day <i>14</i>	Age <i>83</i>	Years	Months <i>00</i>	Days <i>28</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
	Married, Single or Widowed <i>Widowed</i>		Occupation <i>Resting with Son</i>				
	Name of Wife or Husband <i>John Friel</i>						
	Father's Name <i>P. J. Clarke</i>			Father's Birthplace <i>Dublin, Ireland</i>			
	Mother's Maiden Name <i>Elizabeth Stinson</i>			Mother's Birthplace <i>Dublin, Ireland</i>			
Name of person giving information <i>Samuel Friel</i>			How related to deceased <i>Elder Son</i>				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Irritation lower bowels</i>			How long <i>3 weeks</i>			
	Immediate <i>Exhaustion</i>			How long <i>1st</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Chas Cooper M.D.</i>			
				Address <i>Queensstown</i>			
Accident or Suicide?			<i>MD</i>				



May L. Howell

Died at ^{Town} *near Cumtita* ^{County} *Sumner* MARYLAND

Date 1903 ^{Month} *June* ^{Day} *22* ^{Y.} *30* ^{M.} *1* ^{D.} *14* ^{Native of} *2. a Co Ind wife of Farmer* ^{Occupation}

~~Male~~ ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*

^{Female} *Female* ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *Two*

Husband of *John Howell*

Wife *John Howell*

Father's Name *Burns' Subers* ^{Mother's} *May J. Brothers* ^{Maiden Name}

Cause of ^{Primary} *General Suber Caloris* ^{How long sick} *Seventeen years*

Death ^{Immediate} *Peritonitis* ^{Accident, Suicide, Homicide}

Reported by *J. H. G. Weardon*

Address *Church Hill* *Harplaw*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Daisie Meads

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crumpton		County Queen Anne		MARYLAND	
Date of death 1903	Month June	Day 21	Age 18	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place Crumpton				
Married, Single or Widowed Single		Occupation Cook					
Name of Wife or Husband							
Father's Name Thomas Meads				Father's Birthplace Md			
Mother's Maiden Name Lisburn Harkless				Mother's Birthplace Md			
Name of person giving In formation Benjamin S Douglas				How related to deceased Bozen			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption of Bowels	How long
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		29 Bagdley & Sparks undertakers
Address		Crumpton Md
Accident or Suicide?		



Name
in
Full

Mary W Perry

CERTIFICATE OF DEATH

Died at *Ingleside* ^{Town}*Green Annes* ^{County}

MARYLAND

Date

of death 1903

Month

6

Day

28

Years

Age 61

Months

—

Days

—

Sex

*Female*Color or
Race*White*Birth-
place*Del.*Married, Single
or Widowed*Married*

Occupation

*Farmer wife*Name of Wife or
Husband*John Perry*Father's
Name*Charles Yegg*Father's
Birthplace*Ind.*Mother's
Maiden Name*Mary Slaughter*Mother's
Birthplace*Del.*Name of person giving
In formation*John Perry*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Apoplexy

How long

only a few minutes

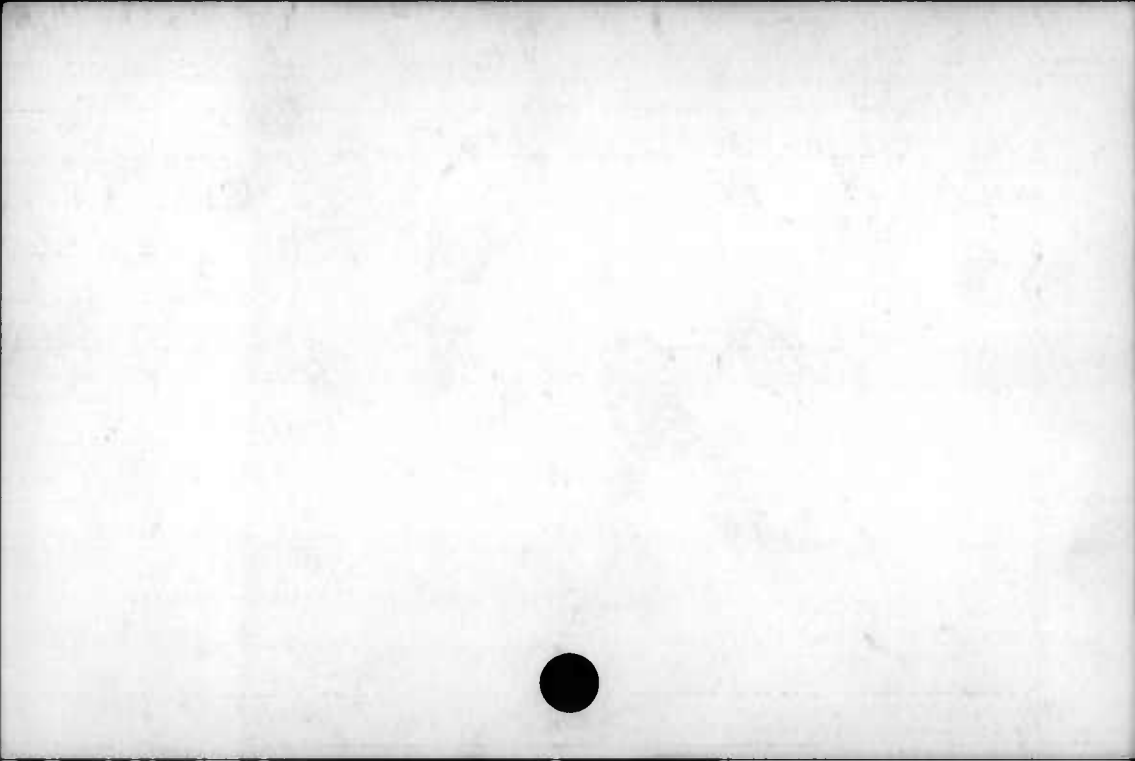
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Dr. Abraham F. D.
Ingleside Rd.*

Accident or Suicide?



Name in Full		Samuel Rollins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Brumpton	County Queen Anne		MARYLAND	
	Date of death 190 3	Month June	Day 21	Years Age about 80	Months	Days	
	Sex Male	Color or Race Black		Birth- place Md			
	Married, Single or Widowed Single		Occupation Farmer				
	Name of Wife or Husband						
	Father's Name unknown			Father's Birthplace unknown			
	Mother's Maiden Name unknown			Mother's Birthplace unknown			
Name of person giving In formation Samuel Harrison				How related to deceased Cousin			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			General Paralysis		How long 2 weeks	
	Immediate			"		How long	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician F. N. Sheppard	
				Address Brumpton Md.			
	Accident or Suicide?						



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sarah V. Sewell

Town

County

Cuberville

Riches

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

03 June 18

Age

- 7 - -

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Mother's

Maiden Name

Catherine Symphon

How long sick

Primary

Typhoid

1 wk

Immediate

Cholera Infantum

Accident, Suicide, Homicide

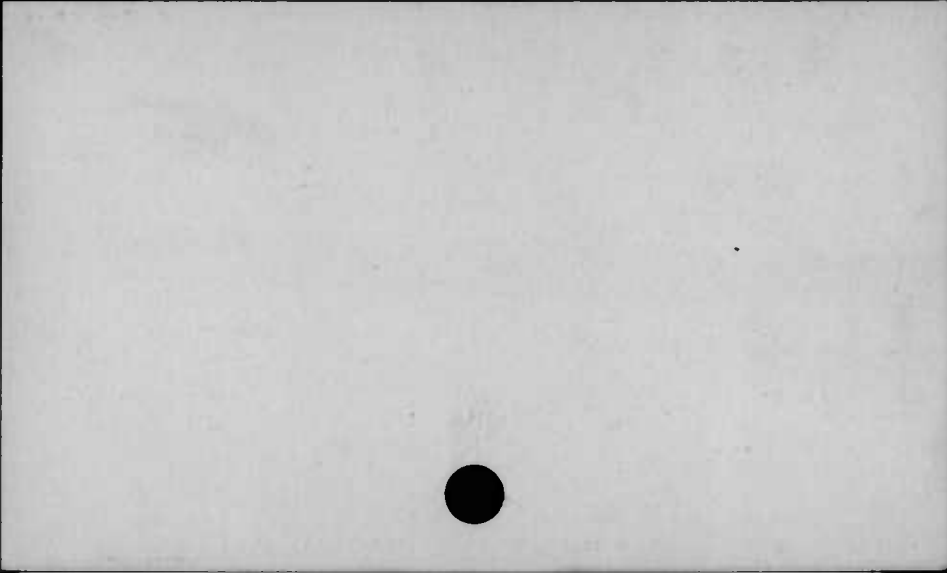
J. D. Symphon

105

Cuberville

J. D. Symphon

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Orley Thomas Smith

Town

County

Died at

MARYLAND

Queen Anne

Queen Anne

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

6

15

Age

0-7-6

Ind.

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Ed. J. Smith

Mother's

Name

Lizzie W. Thomas

Cause of

Primary

Catarrhal Pneumonia

How long sick

One month

Death

Immediate

Accident, Suicide, Homicide

Reported by

Robley Hackett, M.D.

Address

Queen Anne, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

WATSON



Name
in
Full

Albert E Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190 3		June	9	Age 39	5-	17	
Sex		Color or Race		Birth-place			
Male		Colored		Star, Ind.			
Married, Single or Widowed		Occupation					
Married		Laborer					
Name of Wife or Husband		Cara Nichols					
Father's Name		118		Father's Birthplace		Maryland	
Mother's Maiden Name		Sarah Jackson		Mother's Birthplace		Maryland	
Name of person giving information		Henry Wilson		How related to deceased		No relation	

CAUSES OF DEATH

6
PHYSICIAN
OR CORONER

Primary	Cramp colic	How long	2 days
Immediate	Enteritis	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Walter H. Fenby	
		Address	
		Ruthsburg, Md.	
Accident or Suicide?			



Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hope</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>16</i>	Age <i>Still</i>	Years <i>Born</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Hope Md</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Aaron Winchester</i>				Father's Birthplace <i>Queen Annes Co.</i>			
Mother's Maiden Name <i>Mary Farman</i>				Mother's Birthplace <i>Queen Annes Co.</i>			
Name of person giving In formation <i>Aaron Winchester</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Over work of Mother</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Walter H. Farman</i>
			Address <i>Ruthsburg, Md.</i>
Accident or Suicide?		<i>Accident</i>	

